

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-30-05</u>		2 Serial/Patent # <u>10/668062</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	<i>None</i>	<i>6-15-05</i>	\$ 900.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ -400.00								
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> </tr> </table>			5	0	--	1	5	0	5
5	0	--	1	5	0	5					
<i>PTO lost the papers</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Paul Shanowski</u>		TITLE: <u>Senior Advisor</u>									
SIGNATURE: <u><i>[Signature]</i></u>		PHONE: <u>571-272-3225</u>									
OFFICE: <u>Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>7/4/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: